BORANG PENILAIAN PEWARTAAN

1. Nama: .........................................................................................................

2. No I/C: ..........................................................................................................

3. Sijil Kelayakan Pasca Siswazah: ..................................................................

4. Tarikh Terima Pasca Siswazah: ...................................................................

5. Tarikh Lapor Diri Di Fakulti: ..........................................................................

6. Tarikh Dijangka Tamat: .................................................................................

7. Tarikh Ambil Cuti Belajar: ..............................................................................

**BUTIRAN PENYELIA**

1. Nama: ....................................................................................................

2. Jawatan: ....................................................................................................

3. Gred: ....................................................................................................

**INTRODUCTION OF GAZETTEMENT**

**1. Objective of Gazettment**

**1.1 General Objective**

To assess the compentency of medical officers to assume responsibility of an independent specialist on completion of specialist training

**1.2 Specific Objective**

1.2.1 To assess clinical skills in diagnosis and management of patients with common disorders in the specialty.

1.2.2 To assess competency in core procedural skills

1.2.3 To assess professional conduct expected of specialist

**2. Duration of Pre-Gazetment Period**

2.1 Masters Program – candidate can proceed with the Minimum period of 6 months supervision (for MMED).

2.2 Parallel Pathyway (MRCP/MRCPCH/FRCR etc) – A candidate can proceed with 6 months period of evaluation for gazetting if he/ she has atleast 4 years of supervised experience which 1 year is post qualification.

**3. Assessment Tools**

3.1 Observation and supervision of supervisee in the management of patients in the clinic, ward and operation theatre (if applicable)

3.2 Review of records of procedures and surgeries performed where relevant.

3.3 Mid-term Interview

3.4 Written feedback by team member

**4. Expected Outcome**

4.1 Understanding of the job description, role and responsibility of a specialist.

4.2 Demonstrate analytical skills in reaching at an appropriate diagnosis and formulating a comprehensive management plan.

4.3 Demonstrate knowledge on policies and procedures related to the conduct of core procedures.

4.4 Demonstrate competence in the performance of core procedures.

4.5 Adherence to professional ethics in the management of patience, relatives and

colleagues.

4.6 Appeciate the importance of leadership, good governance, research and audit in

clinical practice.

**PERSONALITY ASSESSMENT**

**A. PERSONAL CHARACTERISTIC**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Characteristics** | **Poor** | **Fair** | **Good** | **Excellent** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| Professional Attributes |  |  |  |  |  |  |  |  |
| Punctuality |  |  |  |  |  |  |  |  |
| Responsibility |  |  |  |  |  |  |  |  |
| Availability |  |  |  |  |  |  |  |  |
| Appearance / Attire /Hygience |  |  |  |  |  |  |  |  |
| Managerial Skill / Leadership Ability |  |  |  |  |  |  |  |  |
| Relationship With Patient / Family |  |  |  |  |  |  |  |  |
| Relationship With Fellow Professional & Colleagues |  |  |  |  |  |  |  |  |
| Relationship With Non Clinical Staff |  |  |  |  |  |  |  |  |

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 **Remarks:** 1 Dynamic & Proactive

 2 Moderate Enthusiasm

 3 Passive

 4 Disinterested & Indifferent

 5 Others

 Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: ........................................................

Designation: ........................................................

Gred: ........................................................

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Signature and Official Stamp

Date:

**B. ACADEMIC & KNOWLEDGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criteria** | **Poor** | **Fair** | **Good** | **Excellent** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| Knowledge |  |  |  |  |  |  |  |  |
| Journal Reading |  |  |  |  |  |  |  |  |
| Teaching Ability |  |  |  |  |  |  |  |  |
| Documentation & Record Keeping |  |  |  |  |  |  |  |  |
| Case Presentation |  |  |  |  |  |  |  |  |
| Conference / ServiceAttendence / Participation |  |  |  |  |  |  |  |  |
| Research Activity |  |  |  |  |  |  |  |  |
| QA Activity |  |  |  |  |  |  |  |  |
| Case Write Up |  |  |  |  |  |  |  |  |
| Involvement in Professional Bodies |  |  |  |  |  |  |  |  |
| Involvement & Interest in CME Activities |  |  |  |  |  |  |  |  |

**C. CLINICAL ABILITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient Management** | **Poor** | **Fair** | **Good** | **Excellent** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| Interview Skill |  |  |  |  |  |  |  |  |
| Physical Examination |  |  |  |  |  |  |  |  |
| Clinical Judgement & Diagnostic Ability |  |  |  |  |  |  |  |  |
| Decision Making |  |  |  |  |  |  |  |  |
| Rationale of Investigation |  |  |  |  |  |  |  |  |
| Discussion / Case PresentationDuring Ward Round |  |  |  |  |  |  |  |  |
| Promptness & Effectiveness inTreating Emergency Patients |  |  |  |  |  |  |  |  |
| Competence & AppropriatenessIn Providing Continuing Care |  |  |  |  |  |  |  |  |

**Remarks:**

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Signature and Official Stamp

Date:

**D. TECHNICAL & MANIPULATIVE SKILLS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criteria** | **Poor** | **Fair** | **Good** | **Excellent** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| Patient Preparation & Pre-Op Procedures |  |  |  |  |  |  |  |  |
| Surgical Skills |  |  |  |  |  |  |  |  |
| Post-op Care |  |  |  |  |  |  |  |  |
| Rate of Complication |  |  |  |  |  |  |  |  |
| Surgical Temperament & Ability To Cope With Stress |  |  |  |  |  |  |  |  |
| Emergency Care & Procedures |  |  |  |  |  |  |  |  |
| Safety Messure & Cleanliness |  |  |  |  |  |  |  |  |
| Speed & Respect To Duration Anaesthesia |  |  |  |  |  |  |  |  |
| Relationship With Anaesthetist, Assistants & Theatre Nurses |  |  |  |  |  |  |  |  |

**Remarks:**

(Please Attach Summary of Core Procedures Performed from the Log Book)

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Name: ........................................................

Designation: ........................................................

Gred: ........................................................

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Signature and Official Stamp

Date: